



STATE BOARD OF EDUCATION

650 West State Street, Suite 307 (POB 83720) Boise, Idaho 83720-0037

Phone 208-334-2270 Fax 208-334-2632 www.boardofed.idaho.gov

PRIVATE POSTSECONDARY INSTITUTION AND PROPRIETARY SCHOOL COMPLAINT FORM

This form may be submitted by mail or fax to the following address: Attn: State Coordinator for Private Colleges & Proprietary Schools, Office of the State Board of Education, 650 W State Street, PO Box 83720, Boise, ID 83720-0037. Please direct all questions to the attention of valerie.fenske@osbe.idaho.gov, phone: 208-332-1587 or fax 208-334-2632

(Please type or write legibly in ink)

COMPLAINT REGISTERED AGAINST		
NAME OF SCHOOL		
ADDRESS		PHONE NUMBER
CITY	STATE	ZIP
PERSON FILING COMPLAINT		
LAST NAME	FIRST	MIDDLE INITIAL
MAILING ADDRESS		
CITY	STATE	ZIP
HOME PHONE	DAYTIME PHONE	EMAIL
CITY	STATE	ZIP
DETAILS OF COMPLAINT		
STUDENT STATUS Currently Attending <input type="checkbox"/> Terminated <input type="checkbox"/> Graduated <input type="checkbox"/> Other _____		
EXACT DATES OF ATTENDANCE: Date you started classes: _____ Last day of attendance: _____ Did you complete your enrolled program? yes <input type="checkbox"/> no <input type="checkbox"/>		
EDUCATIONAL PROGRAM		
HAVE YOU OR DO YOU INTEND TO FILE A COMPLAINT WITH ANY OTHER ENTITY REGARDING THIS MATTER? yes <input type="checkbox"/> no <input type="checkbox"/> IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION BELOW:		
NAME OF ENTITY	CONTACT PERSON	
DATE OF COMPLAINT	STATUS OF COMPLAINT	

DETAILS OF COMPLAINT (continued)

IN DETAIL, DESCRIBE YOUR COMPLAINT, INCLUDE DATES AND COSTS INCURRED. (Attach additional pages if needed)

HAVE YOU ATTEMPTED TO RESOLVE THIS MATTER WITH THE SCHOOL? yes ☐ no ☐

IF YES, WHOM DID YOU SPEAK WITH, WHAT WAS THE DATE (S) AND THE RESULTS?

AUTHORIZATION

I hereby consent to the release of any and all of my student records from _____
_____ to the Idaho State Board Of Education for purposes of the investigation of my
complaint.

YOUR SIGNATURE _____ DATE _____